DOCUMENT RESUME

ED 123 577 CS 002 659

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TITLE Does the "Correct" Label Help and What Teaching Strategies Work?
PUB DATE 76
NOTE 7p.; Paper presented at the Annual Meeting of the International Reading Association (21st, Anaheim, California, May 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Beginning Reading; *Labeling (of Persons); Parent Role; Reading Difficulty; *Reading Instruction; *Remedial Reading; *Remedial Reading Programs; *Teaching Methods

ABSTRACT

This paper argues that such components of a remedial program as formal tests, labels, and methods which teach to symptoms are unnecessary. Labeling is discussed in depth and some of the positive and negative factors which are associated with labeling are described. The ingredients of a successful remediation program include a good teacher who can create a special interpersonal relationship with a child, organize a structured diagnostic teaching environment, and select the best reading methods and materials for each child. Another ingredient of a successful remediation program is Parents who have been counseled to understand their child's learning difference, who understand that remediation takes time, and who have faith in and offer support to their child. (TS)

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DOES THE "CORRECT" LABEL HELP

and

WHAT TEACHING STRATEGIES WORK?

9:00-10:00 a.m.

Friday, May 14, 1976

Magnolia B, Disneyland Hotel

A classroom teacher often finds herself asking three questions regarding a pupil who is having difficulty with reading:

What is wrong with this pupil?
What do I tell the child's parents?
How do I teach this pupil?

Labeling

Because the teacher cares, she asks the experts; not realizing that the answer she receives may only reflect the evaluator's clinical bias in which case it may not lead to a match between the child's needs and the most appropriate teaching strategies. What to one diagnostician is dyslexia may be minimal brain dysfunction to another or, perhaps, a visual-motor integration problem. The label usually suggests a pat treatment. This treatment most often represents a global approach to the child and implies that there is a precise treatment which works for all children who exhibit a certain set of symptoms. This has not proved to be true. "Labels are for jelly jars" seems to sum up the efficacy of this approach to children with learning problems.

The negative aspects of labeling seem to far outweigh the positive. A few of these are:

1) There is no agreement on identification criteria.
2) The various categories are not discrete; they have much in common.
3) The emphasis is on how the child is different, rather than on his strengths.
4) There is the possibility of viewing these normal children's development as abnormal.
5) The label implies a unidimensional problem, when in fact it is multidimensional.
6) There is the danger of misidentification.
7) The emphasis is on defining special children, rather than special needs.
8) Labeling stresses placement rather than programming.
9) The stigma of special class placement can be damaging.
10) Clinical diagnoses have not led to effective educational intervention.
11) Labeling often leads to treatment based on the label, rather than on the child's unique needs.
12) The label may produce a condition of self-fulfilling prophecy.
13) The more emphasis that is placed on what is wrong with a child, the more the pattern is established.
14) A label can become an excuse for not teaching well.

The positive factors associated with labeling are:

1) A label of learning disabled, dyslexia, minimal brain dysfunction, and several others implies normal intelligence.
2) Many parents find security in a label, especially if it seems to exonorate them from blame.
3) A label is frequently required to receive services.

However, there are alternatives to these positive points which obviate their need and seem preferable. Appropriate counseling of parents can satisfy the first two without the necessity of a label. And the trend is already beginning to move away from the latter point with the advent of noncategorical special programs.

The answer to "What is wrong with this pupil?" is, "Nothing is wrong." The majority of the children with reading problems are vulnerable children. There is no defect, damage, or disease. Just like all of us, the reading disabled child has peaks and valleys of abilities and characteristics. His unique pattern of abilities made him vulnerable.

Thus, it is important to identify the condition, not label the child. We can deal with the condition or difficulty; the label does not lend itself to effecting change. For example, the child is not learning disabled (a label we equate with the child), he is having a reading problem. The child is not dyslexic, rather he tends to jumble the sequence of letters as he reads or spells. He is not distractible or hyperactive, he has trouble attending to a task or sitting in his seat. These are specific behaviors and behaviors can be changed.

Counseling Parents

A parent may well ask, "If there is nothing wrong with my child, why did he fail to learn?" The answer may be that the child is the victim of a teaching disability, not a learning disability. Due to his vulnerability, which results from his unique pattern of strengths and weaknesses, he may have been unable to respond to the way his teacher taught reading. This child may merely learn in a way that is different from the way the majority in the classroom learn to read. The match between methodology and strengths was right for those who learned; the match was not right for the one who did not learn. For example, he may not easily distinguish sound differences or be able to blend the sounds he can produce in isolation; therefore a reading program based on a synthetic phonics approach would be particularly troublesome for him. On the other hand visual memory may be an area of relative weakness for the child; therefore the sight approach, basic to the teaching style of many teachers using basal readers, may be his stumbling block. The visual discrimination of minimal differences in words may seem impossible to the child; thus linguistic materials become his nemesis. Another child may be unsuccessful in reading due to eye-hand coordination problems which deter him from keeping pace with the pencil and paper demands of a reading program. Had the match between the child's strengths and the teaching strategy been right, his vulnerability would have gone unnoticed, as do many potential learning disability cases.

A natural tendency is for parents to want to rid themselves of guilt. They may blame one another, the child, his teachers, the school administration, or their family doctor. Familiar, but fruitless, complaints are, "His mother babies him," "He could do better, if he tried," and "He had a poor first grade teacher."

Teachers and parents wonder if it is their fault. This results in anxiety, guilt, and anger, all feelings which get in the way of supporting the child.

In actuality no one is responsible for the child's different way of learning, for individual differences are inherited. These individual differences may be the result of the developmental time table he inherited. Among children of the same chronological and mental ages, there are those who are significantly more capable with respect to auditory discrimination, while others have relative strengths in noting minimal visual differences, and still others can control a pencil better than the rest.

A difference, if channeled appropriately, can actually be a plus. It is not unusual for the child who exhibits a learning problem in school to be the one whose mental functioning is too plastic--the facts do not stick. He does poorly on the Information and Arithmetic sections of the WISC as compared to his performance on Comprehension and Similarities where more creativity and flexibility are rewarded. Are not these reasoning abilities more valuable in the long run than a headful of facts? The result of this intellectual difference or plasticity when properly channeled may be a more flexible and creative human being. Children who have experienced learning difficulties in school are often more sensitive than those to whom learning came easily. They are also often more interesting and exciting because they have learned to cope.

"What is the prognosis?" Margaret Rawson's book, Developmental Language Disability (1), and Lloyd Thompson's article, "Language Disabilities in Men of Eminence" (2), suggest that bright children with learning problems can be very successful adults. The common factor among all those with school learning problems who later became successful adults is that there was always someone in the individual's background who had faith in him.

Parental support of the child with learning problems is a crucial factor. The support of a father, particularly, can be a primary factor in a child's success. Emphasis at home on the child's strengths is essential to maintaining a positive feeling of self worth. His accomplishments should be appreciated and he should be helped to cope with his individual differences. He must be accepted as he is and never made to feel that he is disappointing his parents.

Keys to success in the home for the child with learning problems are similar to those which are the foundation for success in school. These are individualization, order, routine, and consistency.

Teaching The Pupil

There are two basic approaches to working with the child who exhibits difficulty in reading. One approach is to attempt to change the child, another is to change the learning environment.

Changing the child often suggests teaching to the symptoms a child exhibits. For example, if a child who is unable to read also has never learned to skip, is awkward in running, and cannot keep his balance while hopping on one foot, it may be felt that the child must have practice in perfecting motor skills in order to be ready to respond to reading instruction. Other theories may suggest that a more secure orientation to the physical universe or a relearning of stages of motor

learning is a prerequisite to the alleviation of academic problems. Research regarding strategies to develop motor skills, and thereby improve academic learning, has produced little conclusive evidence to indicate that motor programs result in significant academic gains. Similar research findings are reported regarding programs for visual perception training, memory improvement, auditory discrimination training, and other programs directed toward improving characteristics that coexist with poor reading.

It appears that if improved skill in reading is the goal, then reading skills are what should be taught. The child has already experienced difficulty under previous (and current) instruction, so it is obvious that some changes in the learning environment are needed.

The implication is clear. The teacher's benchmark must be, "Me is all I can change." The essential foundation is "I love you," though the "side effects" from the difficulties in learning make some of these children far from lovable. Unless they are sure the teacher cares for them and accepts them as they are, they may be afraid to risk trying again.

The magic ingredient in any successful remediation program, then, is a super teacher. She must combine certain essential traits or the prognosis for the children with whom she works is poor regardless of methods or materials used.

This super teacher must be perceptive to feelings, not listening so much to what the child is saying, as to the message behind the words. "This paper is dumb" may mean "I'm afraid I'll fail." Flexibility is essential. A teacher does not have the right to use favorite methods, she must use what best meets the child's needs. Organization on the part of the teacher is her survival technique and also assures that she will not waste the child's time--he cannot afford it. She must be one who does not talk too much, rather listens, demonstrates, and leads pupils to discover.

The teacher's attitude in a number of crucial areas can help the child over many hurdles. An optimistic outlook, viewing her charges as bright children who can overcome their difficulties, is a place to begin. She must believe that the child wants to learn rather than look for excuses such as "He's lazy" or "What else can we expect with his background?" If she projects that teaching is an exciting venture, her pupils are likely to begin to view learning in the same light. And in all decision making, what is best for the child must come before what is convenient for the teacher.

A teacher of children with reading or learning problems should have an extensive background in language arts, particularly with respect to the skills, approaches, and materials appropriate for teaching reading on the primary levels. Based on experience, the teacher should have formed precise objectives for each grade level.

Diagnostic teaching is the teacher's most valuable strategy. Through diagnostic teaching lessons she assesses the child's appropriate instructional level and his optimal pace of learning, as well as the approaches and materials that best lead the child to mastery of specific skills. Specific reading objectives may be divided into four broad

categories: sight vocabulary, decoding skills, meaning, and study skills. As lessons without objectives lead to aimless teaching, objectives for each lesson should be specifically stated in terms of what the learner will be able to do and the child should be told what the objective is and how reaching it fits into the goal of his becoming a better reader. Getting the pupil to believe it is worthwhile to learn something is half the battle. It is also important to assess the value of each particular objective in relation to the pupil's overall needs. For example, how critical is it that he be able to place accent marks accurately?

As the teacher teaches diagnostically, she should take detailed notes to guide her in teaching the next day. What does the pupil do when he comes to an unknown word? When given assistance by the teacher, what strategies seem to work best for him? What level of comprehension questions can he handle? Do word meanings give him trouble? Can he use context to decode and to discover meanings? Is he actively involved in the story?

Various materials should be tried: linguistic texts, basal readers, experience stories, reading laboratories, skill builders, high interest-low vocabulary trade books, individualized programs, phonics-emphasis programs, etc. Do not duplicate the methods and materials from the situation in which the pupil failed. Remedial procedures and materials should be distinctive. The teacher should be constantly analyzing. Which approaches enable the pupil to achieve each objective most efficiently? Is reinforcement through several modalities beneficial? Which approaches does the child feel help him most? Use what works.

Strategies that work are those which harmonize the curriculum with the unique competencies, needs, and interests of each pupil. They are strategies that base teaching on an assessment of learning style (i.e., compulsive, undisciplined, inhibited, etc.) and learning skills.

In summary, unnecessary components of a remediation program are formal tests, labels, and programs which teach to symptoms that often accompany reading problems.

The ingredients of a successful remediation program are:

a) a super teacher who can create a special interpersonal relationship with a child, organize a structured diagnostic teaching environment, and, from her vast knowledge regarding a variety of reading methods and materials, select the best fit for the child.

b) parents who have been counseled to understand their child's learning difference, who understand that it is a long road back for the child with a reading problem, and who have faith in and offer unwavering support to their child.

REFERENCES

1. Rawson, Margaret B. Developmental Language Disability: Adult Accomplishments of Dyslexic Boys. Baltimore: Johns Hopkins Press, 1968.

2. Thompson, Lloyd. "Language Disabilities in Men of Eminence," Journal of Learning Disabilities, 4 (January 1971), 39-50.